



Region 2

**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

01/05/2009

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER: NYR000161034

INSTALLATION NAME: ATEC ENVIRONMENTAL

INSTALLATION ADDRESS : 360 TARGEE ST
STATEN ISLAND , NY 10304


MAILING ADDRESS : 360 TARGEE ST
STATEN ISLAND , NY 10304

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-4437**

**TO: ATEC ENVIRONMENTAL
or Current Occupant
ATTN: JOSEPH NATIVO
360 TARGEE ST
STATEN ISLAND , NY, 10304**

SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		
1. Reason for Submittal (See instructions on page 13.) MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input checked="" type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #____) <input type="checkbox"/> As a component of the Hazardous Waste Report		
2. Site EPA ID Number (page 14)	EPA ID Number <u>NYR000161034</u>		
3. Site Name (page 14)	Name: <u>Atec Environmental</u>		
4. Site Location Information (page 14)	Street Address: <u>360 Targee Street</u> City, Town, or Village: <u>Staten Island</u> County Name: <u>Richmond</u>		State: <u>NY</u> Zip Code: <u>10304</u>
5. Site Land Type (page 14)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14)	A. <u>541620</u>	B. 	C.
7. Site Mailing Address (page 15)	Street or P. O. Box: <u>360 Targee Street</u> City, Town, or Village: <u>Staten Island</u> State: <u>New York</u> Country: <u>Richmond</u>		Zip Code: <u>10304</u>
8. Site Contact Person (page 15)	First Name: <u>Joseph</u> Phone Number: <u>866-944-TANK(8265)</u>	MI: <u>B</u> Last Name: <u>Nativo</u> Email address: <u>Atec762@AOL.com</u>	Extension: Date Became Operator (mm/dd/yyyy): <u>11/10/98</u>
9. Operator and Legal Owner of the Site (pages 15 and 16)	A. Name of Site's Operator: <u>360 Targee Corp.</u> Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other B. Name of Site's Legal Owner: <u>Joseph B. Nativo</u> Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		Date Became Owner (mm/dd/yyyy): <u>11/10/98</u>

9. Legal Owner (Continued) Address	Street or P. O. Box: 360 Targee Street
	City, Town, or Village: Staten Island
	State: New York
	Country: Richmond
	Zip Code: 10304

10. Type of Regulated Waste Activity

Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 17 to 20.)

A. Hazardous Waste Activities

Complete all parts for 1 through 6.

Y ☐ N ☒ 1. Generator of Hazardous Waste
If "Yes", choose only one of the following - a, b, or c.☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.)
of non-acute hazardous waste; or☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.)
of non-acute hazardous waste; or☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.)
of non-acute hazardous waste

In addition, indicate other generator activities.

Y ☐ N ☒ d. United States Importer of Hazardous WasteY ☐ N ☒ e. Mixed Waste (hazardous and radioactive) GeneratorY ☐ N ☒ 2. Transporter of Hazardous WasteY ☐ N ☒ 3. Treater, Storer, or Disposer of
Hazardous Waste (at your site) Note: A
hazardous waste permit is required for this
activity.Y ☐ N ☒ 4. Recycler of Hazardous Waste (at your
site)Y ☐ N ☒ 5. Exempt Boiler and/or Industrial Furnace
If "Yes", mark each that applies.☐ a. Small Quantity On-site Burner
Exemption☐ b. Smelting, Melting, and RefiningY ☐ N ☒ 6. Underground Injection Control

B. Universal Waste Activities

Y ☐ N ☒ 1. Large Quantity Handler of Universal Waste (accumulate
5,000 kg or more) [refer to your State regulations to
determine what is regulated]. Indicate types of universal
mark all boxes that apply:

Manage

a. Batteries ☐b. Pesticides ☐c. Mercury containing equipment ☐d. Lamps ☐e. Other (specify) ☐f. Other (specify) ☐g. Other (specify) ☐Y ☐ N ☒ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

Mark all boxes that apply.

Y ☒ N ☐ 1. Used Oil Transporter
If "Yes", mark each that applies.☒ a. Transporter☒ b. Transfer FacilityY ☐ N ☒ 2. Used Oil Processor and/or Re-refiner
If "Yes", mark each that applies.☐ a. Processor☐ b. Re-refinerY ☐ N ☒ 3. Off-Specification Used Oil BurnerY ☐ N ☒ 4. Used Oil Fuel Marketer

If "Yes", mark each that applies.

☐ a. Marketer Who Directs Shipment of
Off-Specification Used Oil to
Off-Specification Used Oil Burner☐ b. Marketer Who First Claims the
Used Oil Meets the Specifications

EPA ID NO:

OMB#: 2050-0028 Expires 06/30/2009

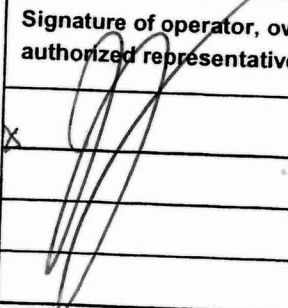
11. Description of Hazardous Wastes (See instructions on page 21.)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

12. Comments (See instructions on page 21.)

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all operator(s) and owner(s) must sign (see 40 CFR 270.10 (b) and 270.11). (See instructions on page 21.)

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Joseph B. Nativio Owner/Operator	11/3/08

Atec Environmental
360 Targee Street
Staten Island, NY 10304

Phone (718) 447-7878

2001-7-10 10:25

Fax (718) 448-5671

US-EPA
Division of Environmental
Planning and Protection
RCRA Programs Branch
290 Broadway
New York, NY 10007
Attn: Jack Hoyt

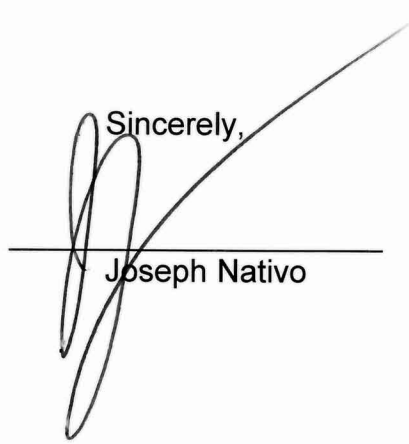
Re: Atec Environmental
360 Targee Street
Staten Island, NY 10304

Dear Mr. Hoyt,

Enclosed you will find our application to obtain an EPA RCRA Identification Number. If you have any questions or concerns please feel free to contact me or Kristin in my office at anytime.

I look forward to hearing from you soon.

Sincerely,



Joseph Nativo